



The owner and operator of a Miami home health care company recently was [sentenced](#) for her part in a \$6.5 million Medicare fraud scheme, after falling into the cross-hairs of the federal government's [Health Care Fraud Prevention and Enforcement Action Team](#) ("HEAT").

Cruz Sonia Collado owned a home health care company, Nestor Home Health, in Miami. According to the DOJ, Collado paid kickbacks and bribes to patient recruiters for referrals to Nestor Home Health for home health and therapy services that were medically unnecessary or were never provided. Over a nearly 4 year period, between March 2009 and January 2014, Medicare paid more than \$6.1 million—of the \$6.5 million claims submitted—to Nestor Home Health for home health services. Collado was sentenced to 75 months in prison, followed by three years of supervised release. She also was ordered to pay over \$6.5 million in restitution. The Department of Justice ("DOJ") and Department of Health and Human Services ("HHS") formed HEAT in an effort to help

prevent waste and crack down on abuse of Medicare and Medicaid programs. And the group of has been active. HEAT's Medicare Fraud Strike Force operates in nine cities and is touted as a multi-agency team of federal, state, and local investigators designed to fight Medicare fraud. Since its inception, the "Strike Force" has charged nearly 2,000 individuals who have collectively billed Medicare with more than \$4.8 billion in false claims, and the government [reports](#) that HEAT actions led to a 75% increase in individuals charged with criminal health care fraud between 2008 and 2011. The government's focus on charging individuals with criminal health care fraud shows no signs of abating. In another recent case, the Medicare Fraud Strike Force [charged](#) 90 individuals, including 27 doctors, nurses, and other medical professionals, for their alleged participation in a Medicare fraud scheme with approximately \$260 million in false billings. The charges were brought against individuals from multiple states across the country, and are based on schemes involving services that were never rendered, kickback schemes, and unnecessary services. In all likelihood, the Medicare Fraud Strike Force will continue to heat up its efforts to bring charges against individuals engaged in Medicare fraud and abuse as the changes contemplated by the Affordable Care Act continue to be implemented and take shape.

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